

FIG. 1

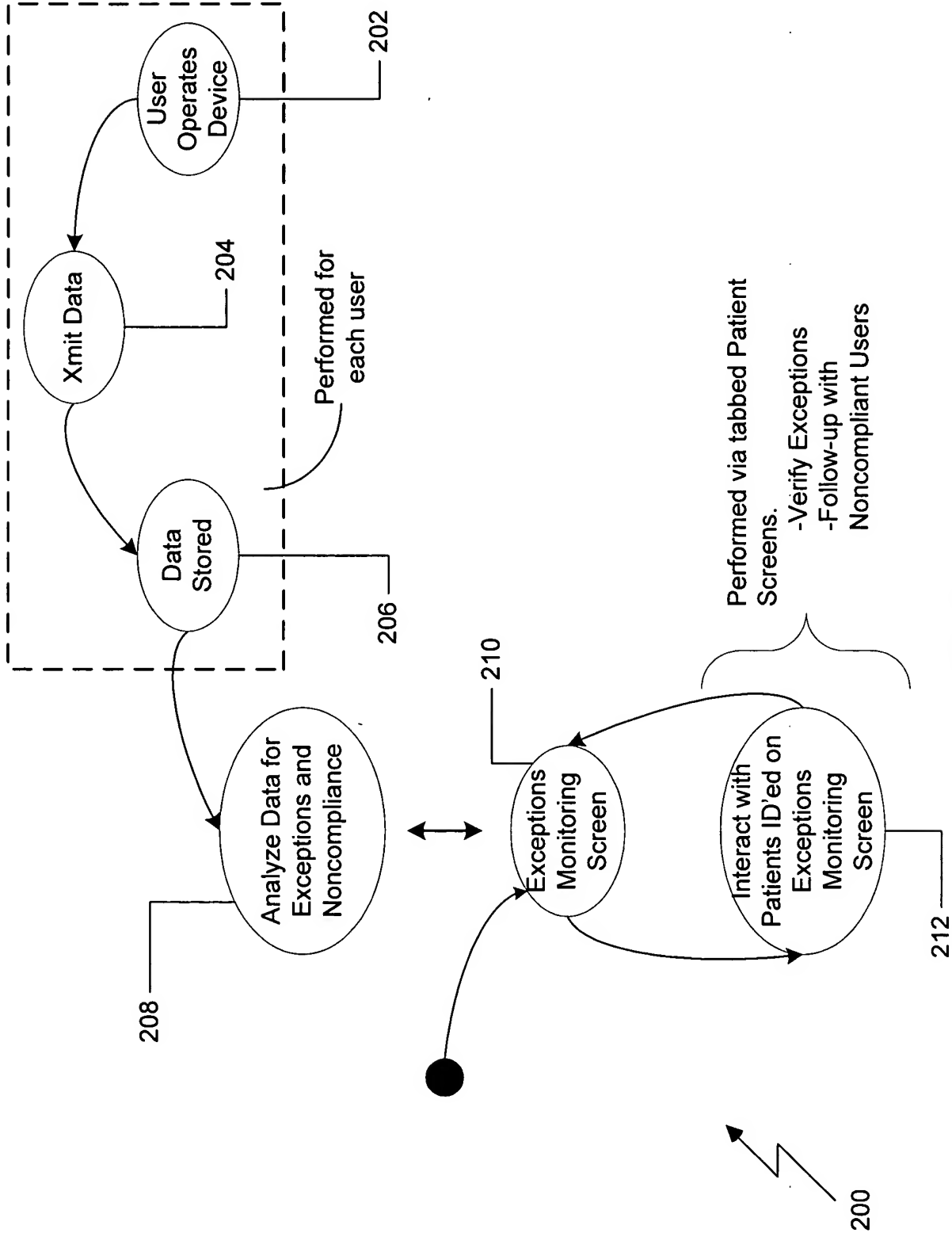


FIG. 2

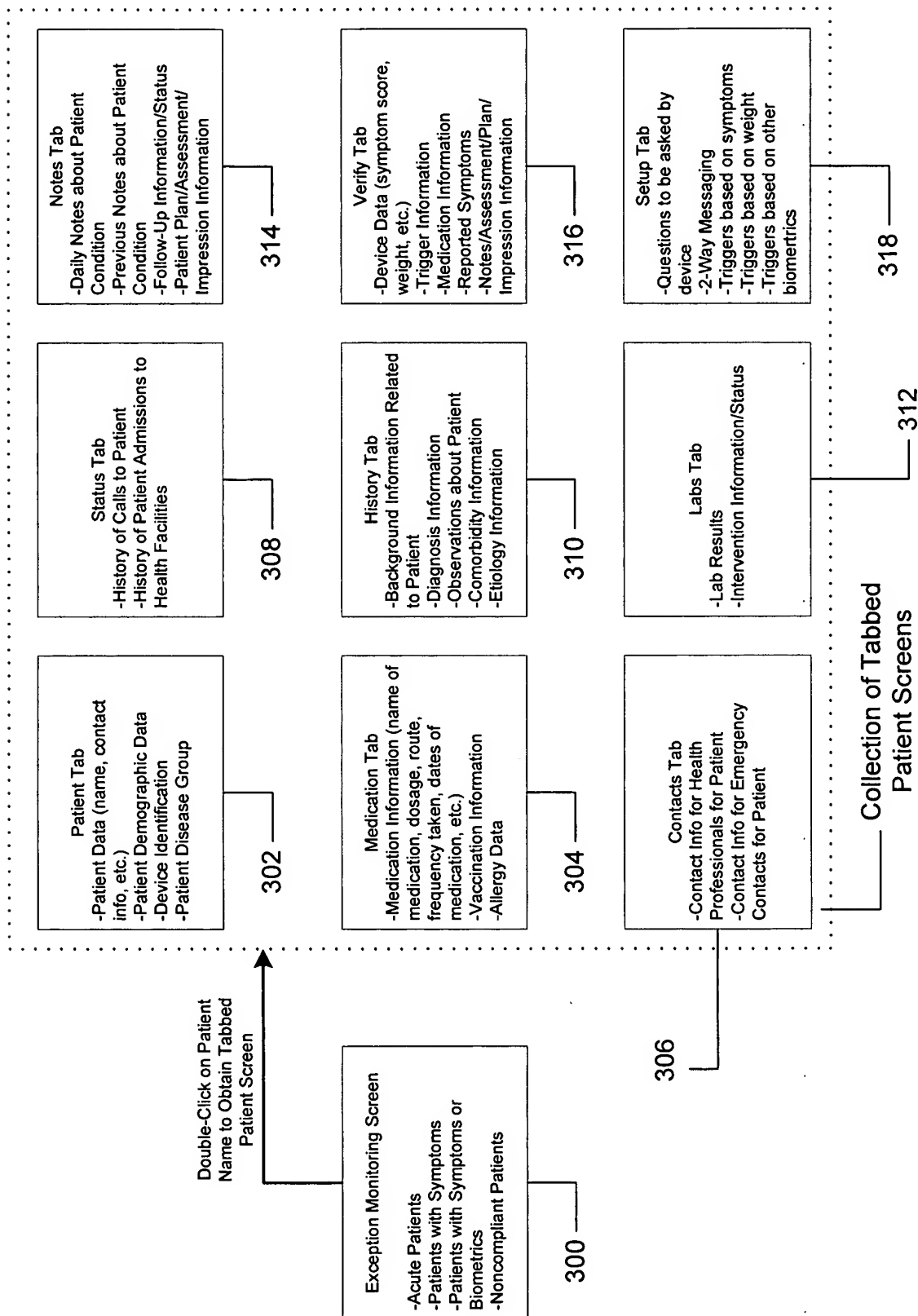
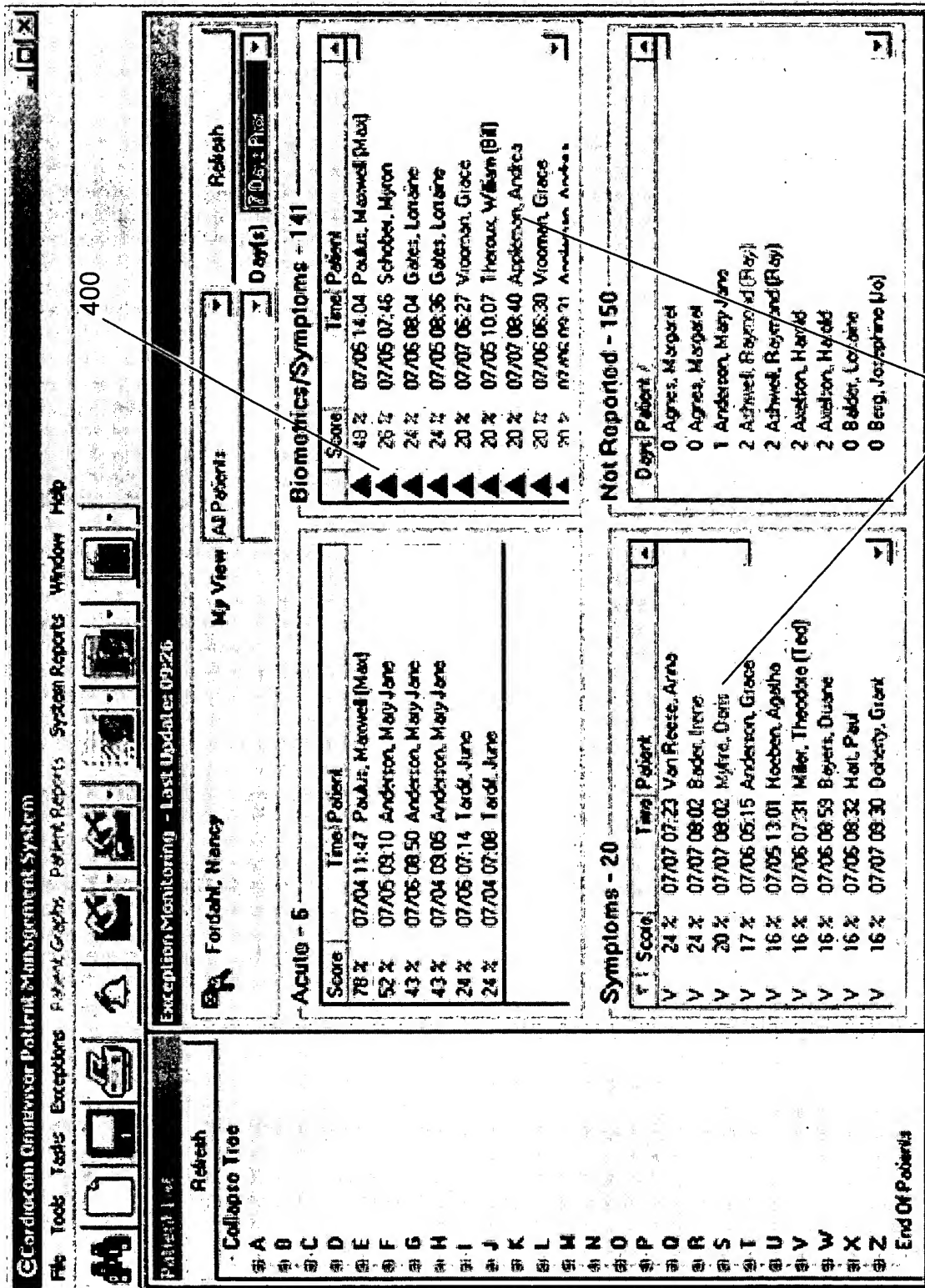


FIG. 3



Appelmann, Andrea ((763) 537-5113)		Setup	Verify	Notes	Labels	History	Status	Contacts	Rx	Medis																																																				
Patient Data																																																														
Title	Mrs.	Home Phone		(763) 537-5113																																																										
First Name *	Andrea	Work Phone																																																												
Last Name *	Appelmann	Other Phone																																																												
Address	1675 44th Ave. N.E.																																																													
City	Chaska	Email																																																												
State	MI	Employer																																																												
Birth Date	6/10/1925	SSH		473-00-3248																																																										
		Zip Code		55428																																																										
		Patient ID		0000000001																																																										
		Internal ID		142																																																										
Gender	F	Race	Caucasian	Frame Size	Medium	Code Status	CPR	<input checked="" type="checkbox"/> ADV Directive																																																						
Language	English	Disability Status	Retired																																																											
Mental	Mixed																																																													
<table border="1"> <thead> <tr> <th colspan="4">Primary Insurance</th> <th colspan="4">Secondary Insurance</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td>BCBSNC</td> <td>Name</td> <td></td> <td colspan="7"></td> </tr> <tr> <td>Policy #</td> <td>12887-12124C</td> <td>Policy #</td> <td></td> <td colspan="7"></td> </tr> <tr> <td>Group ID</td> <td>Preferred Etp.</td> <td>Group ID</td> <td></td> <td colspan="7"></td> </tr> <tr> <td>Comments</td> <td></td> <td>Comments</td> <td></td> <td colspan="7"></td> </tr> </tbody> </table>											Primary Insurance				Secondary Insurance				Name	BCBSNC	Name									Policy #	12887-12124C	Policy #									Group ID	Preferred Etp.	Group ID									Comments		Comments								
Primary Insurance				Secondary Insurance																																																										
Name	BCBSNC	Name																																																												
Policy #	12887-12124C	Policy #																																																												
Group ID	Preferred Etp.	Group ID																																																												
Comments		Comments																																																												
<table border="1"> <thead> <tr> <th colspan="2">Device ID</th> <th colspan="2">Device Version</th> <th colspan="2">Device Type *</th> <th colspan="2">First Reported</th> <th colspan="2">Enroll Date</th> <th colspan="2">Disenroll Date</th> <th colspan="2">Disenroll Reason</th> <th colspan="2">Disenroll</th> </tr> </thead> <tbody> <tr> <td colspan="2">102163</td> <td colspan="2">42</td> <td colspan="2">Telecode Plus</td> <td colspan="2">9/19/2001</td> <td colspan="2">09/19/2001</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </tbody> </table>											Device ID		Device Version		Device Type *		First Reported		Enroll Date		Disenroll Date		Disenroll Reason		Disenroll		102163		42		Telecode Plus		9/19/2001		09/19/2001																											
Device ID		Device Version		Device Type *		First Reported		Enroll Date		Disenroll Date		Disenroll Reason		Disenroll																																																
102163		42		Telecode Plus		9/19/2001		09/19/2001																																																						
<table border="1"> <thead> <tr> <th colspan="2">Device Group</th> <th colspan="2">Managed Client</th> <th colspan="2">Primary Facility</th> <th colspan="2">Risk Area</th> </tr> </thead> <tbody> <tr> <td colspan="2">COFD + Diabetes + CHF</td> <td colspan="2">S&B</td> <td colspan="2">Camden Physicians-Four Seasons</td> <td colspan="2"></td> </tr> </tbody> </table>											Device Group		Managed Client		Primary Facility		Risk Area		COFD + Diabetes + CHF		S&B		Camden Physicians-Four Seasons																																							
Device Group		Managed Client		Primary Facility		Risk Area																																																								
COFD + Diabetes + CHF		S&B		Camden Physicians-Four Seasons																																																										

FIG. 5

602

600

601

604

Applicant: Andrea ((763) 537-5113)

Patient

Rx Meds

Contacts

Status

History

Notes

Lab

Setup

Medications

Add Med

Extra Dose

View

☒ Active ☐ Inactive

Save Meds

Save Meds

Name	Dose	Unit	Route	Freq	Notes	Begin Date	End Date	Tracked
Actos	8 mg		PO	qd		7/7/2003		<input type="checkbox"/>
Alpro	1 tab		PO	PRN		12/17/2001	8/7/2003	<input type="checkbox"/>
Aspirin	325 mg		PO	qd		7/7/2003		<input type="checkbox"/>
Celebra	20 mg		PO	qd		9/18/2001		<input checked="" type="checkbox"/>
Cosax	50 mg		PO	qd	50mg tabs	10/12/2001		<input checked="" type="checkbox"/>
Danadox	10 mg		PO	qd	5 mg tabs	9/18/2001		<input checked="" type="checkbox"/>
Humalog	15 units		SO	bid		7/7/2003		<input type="checkbox"/>
Lisinopril	5 mg		PO	bid		7/7/2003		<input checked="" type="checkbox"/>
Neurotin	300 mg		PO	bid		7/7/2003		<input type="checkbox"/>
Prednisone	10 mg		PO	bid		4/14/2003		<input checked="" type="checkbox"/>
Ramipril	150 mg		PO	bid		10/23/2001		<input checked="" type="checkbox"/>

Vaccinations/Pharmacy

PH Vac

Vax Date

Primary Pharmacy

Pharmacy

Phone

Allergies

FIG. 6

Application: Andrea (763) 597-8310

Professional Contacts

Name (Last, First)	Professional Type	Emergency Rpt	Phone	Fax	Professional Notes
Fachon, Heidi	PA	<input checked="" type="checkbox"/>	(763) 559-4590	(763) 559-2437	
Flaherty, Janet Lynn	Cardiologist	<input checked="" type="checkbox"/>	612-853-7544	612-853-6451	
Gibson, Erin E.	Physician	<input checked="" type="checkbox"/>	(763) 559-0759		
Moore, Gay	Care Manager	<input type="checkbox"/>	(952) 851-7710	(952) 851-7846	

700

Emergency Contacts

Name	Relationship	Reference	Home Phone	Work Phone	Cell Phone
Agoston, James W.	Son	<input checked="" type="checkbox"/>	(651) 641-1205	(763) 122-5854	(612) 302-0349
Agoston, Jim	Husband	<input checked="" type="checkbox"/>	763-555-9404	763-123-0087	

FIG. 7

Applemian, Andrea {(763) 537-5113}

Patient
 Rx
 Meds
 Contacts
 Status
 History
 Labs
 Notes
 Verify
 Setup

Call History
 Add Call
 Remove Call

Date	Call Reason	Call Result	Notes	Caller
07/07/2003 09:11	Attempted Verify	Contacted		Anderson, Jennifer
07/07/2003 08:57	Reminder	Left Message		Fordahl, Nancy
06/09/2003 09:53	Attempted Verify	Contacted		Anderson, Jennifer
06/07/2003 10:48	Non-Compliance	Contacted	Reviewed medication frequency	Fordahl, Nancy
05/27/2003 10:46	Attempted Verify	No Answer		Anderson, Jennifer
05/19/2003 11:44	Attempted Verify	Left Message		Lamprecht, John
05/07/2003 10:49	Reminder	Left Message	Physician appointment	Fordahl, Nancy
04/03/2003 10:50	Reminder	Contacted	Flu vaccination	Fordahl, Nancy
03/31/2003 12:52	Attempted Verify	No Answer		Lamprecht, John

Patient Status
 Add Status
 Remove Status

Location	ICD-9 Code	Begin	End	Admit To
Emergency Room	321.2-MENING IN OTH VIRAL DIS	5/1/2003	5/3/2003	Fairview Ridges Hospital
Hospital	717.43-DERANG POST LAT MENISCUS	1/1/2003	1/7/2003	Abbott Northwestern Hospital
Hospital	346.11-COMN MGRN W NTRC MGR STD	12/14/2002	12/17/2002	Abbott Northwestern Hospital

FIG. 8

Aggleman, Andrea ((763) 537-5119)

Diagnosis

ICD-9 Code	Description	Notes	Date
428.0	CONGESTIVE HEART FAILURE		1/7/2003
412	OLD MYOCARDIAL INFARCT		2/4/2001
414.11	CORONARY VESSEL ANEURYSM	Repair on 03/14/00. Uncomplicated.	3/14/2003
413.0	ANGINA DECUBITUS		11/2/2000

Observation

Observation	Notes
Usual Ring Time	9:30 a.m.
Usual Symptoms	Edema and SOB
Hearing Difficulty	Severely HOH
Living Environment	ALF
Caregiver	Husband speaks for pt if she can't hear

Concomitants

AFib, CAD/MI, Hx of Cancer (was treated w/ chemo)
6/01 X 2 hospitalized. CHF, Hypertension and Hypokalemia. DM II

Observations

CHF s/e. Pt could only remember onlie edema. Also Hx of MI (Pt recalls these symptoms as well as asymptomatic AFB).

Etiology

EF 50 % (12/00) Status needs repeating

FIG. 9

Applicant: Andrea (102) ESTERIL

Patient
Rx
Medi
Corticis
Status
History
Lab
Verify
Setup

Add Lab
Remove Lab

Date	Lab	Value	Unit	Notes
9/18/2001	EF	50	%	Doppler Echo
2/3/2003	NYHA Class	3		
4/5/2002	QOL MN	20		
7/7/2003	BUN	11	mg/dl	
7/7/2003	Creatinine	1.5	mg/dl	Down from 2.0
7/7/2003	Hgb	13	g/dl	

1000

Interventions
Add Intervention
Remove Intervention

Date	Severity	Type	Action	Result	Completed	Facility
7/7/2003	2	Sx Increase	Diabetic Increase	Sx Resolved	<input checked="" type="checkbox"/>	Camden Physicians-Four Se...
7/7/2003	2	UTI Sx	Provides MD Office Visit	Sx Resolved	<input checked="" type="checkbox"/>	Camden Physicians-Four Se...
6/29/2003	3	Glucose Hypoglycemia	Medis Adjusted	Sx Resolved	<input checked="" type="checkbox"/>	Camden Physicians-Four Se...
5/1/2003	1	Bleeding on ftl	Provides ER Visit	No Change Hemorrhage	<input checked="" type="checkbox"/>	Camden Physicians-Four Se...

1002

FIG. 10

1202 Appleman, Andree ((769) 537-5113)
1200
1204
1206

Patient
 Rx
 Meds
 Contacts
 Status
 History
 Labs
 Notes
 Verify
 Setup

Telerelease Plan Data

	7/7/2003	7/6/2003	Change	Trigger
Acute	N	N		
Sx Score	20%	20%	0%	25%
Sx Variance	0	16		10% / 2 Days
Compliance	0	0	0	0 / 0 Days
Weight	155.1	154.0	+1.1 Lbs	Gain 2 lbs
Glucose	0	0	0	70 - 200
SBP	0	0	0	140
DBP	0	0	0	90

Weight Parameters

Max Allowed Wt	151	Min Wt	146
Trigger Lbs	2	Wt X/Y	4 lbs / 3 Days

Exceptions

☒ Ankle On Feet More Swollen
☒ More Tired Than Usual
☒ Missed Exercise Yesterday

Health Check
Last Reported: 7/7/2003

Notes

7/7/2003 - 08:42 pt has high wt alert, pt weight is 154.2, +0.2 lbs from previous weight, pt reports Ankle On Feet More Swollen, More Tired Than Usual, Missed Exercise Yesterday as pt transit time was 08:40.
 6/18/2003 - 08:28 pt weight is 149.3, -1.4 lbs from previous weight, pt has symptom variance alert, pt reports Dizzy On Lightheaded as pt transit time was 08:10. The pt reports a mild case of diarrhea yesterday which has since resolved. She reports orthostatic dizziness today which subsides spontaneously. Cautioned her to be careful with position changes. Encouraged PO fluid intake today. She reports she is

Medications

Name	Dose	Units	Route	Freq	Extra
Actos	8 mg		PO	qd	<input type="checkbox"/>
Altopro	1 tab		PO	PRN	<input type="checkbox"/>
Aspirin	325 mg		PO	qd	<input type="checkbox"/>
Celebra	20 mg		PO	qd	<input type="checkbox"/>
Coscor	50 mg		PO	qd	<input type="checkbox"/>
Demodex	10 mg		PO	qd	<input type="checkbox"/>
Humalog	15 units		SO	bid	<input type="checkbox"/>

FIG. 12

Appleman, Andrea ((763) 537-5113)

Patient Rx Meds Contacts Status History Labs Notes Verify Setup

Questions

Prone Enabled ☒

☒ SOB(day)

☐ Are You Feeling More Short Of Breath? (Score=4)

☐ Feel More Short Of Breath With Activity (Score=1)

☐ Are You More Short Of Breath At Rest? (Score=3)

☐ Are You Getting Enough Air? (Score=2 - Critical)

☒ SOB(night)

☐ Awaken During Night Short Of Breath? (Score=4)

☐ Feel More Short Of Breath Lying Down? (Score=2)

☐ Did You Need Extra Pillows Last Night? (Score=1)

☐ Did You Sleep Sitting Up Last Night? (Score=2)

☒ Coughing

☐ Are You Coughing More Than Usual? (Score=3)

☐ Is Your Cough Different Today? (Score=2)

☐ Does Lying Flat Cause Coughing? (Score=1)

☒ Sputum

☐ Are You Producing More Sputum? (Score=4)

2-Way Messages

Edit Messages

Start Date	End Date	Messages
7/8/2003	7/15/2003	Have you had your HgbA1c tested?
7/8/2003	7/15/2003	Have you had your flu vaccination?

Symptom Parameters

Symptom ☒ 25 x

Variance ☒ 10 x In ☒ 2 Days

Compliance ☒ 2 In ☒ 3 Days

Symptom Graph

Weight Parameters

Max Allowed Wt 151 Lbs

Trigger Lbr 2 Lbs On ☒ 2 Days

Wt X/Y 4 Lbs In ☒ 3 Days

Min Wt 145 Lbs

Weight Graph

Other Parameters

SBP/DBP 140 90

Glucose Min-Max 70 200

HgbA1C Mos 3

Peak Flow 300

Pulse OX 90

Temp 0

O2 Ltrs 0

FIG. 13

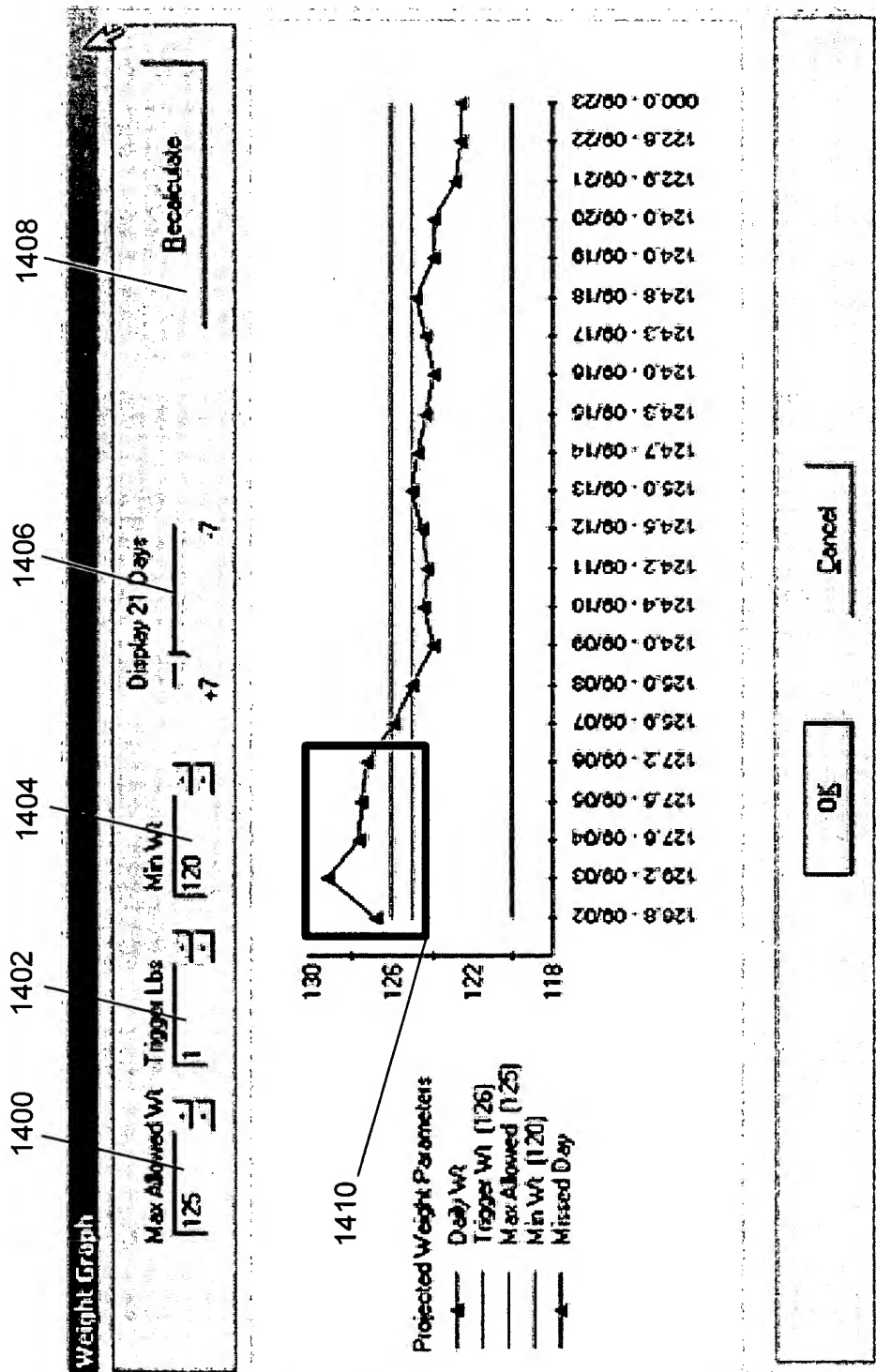


FIG. 14

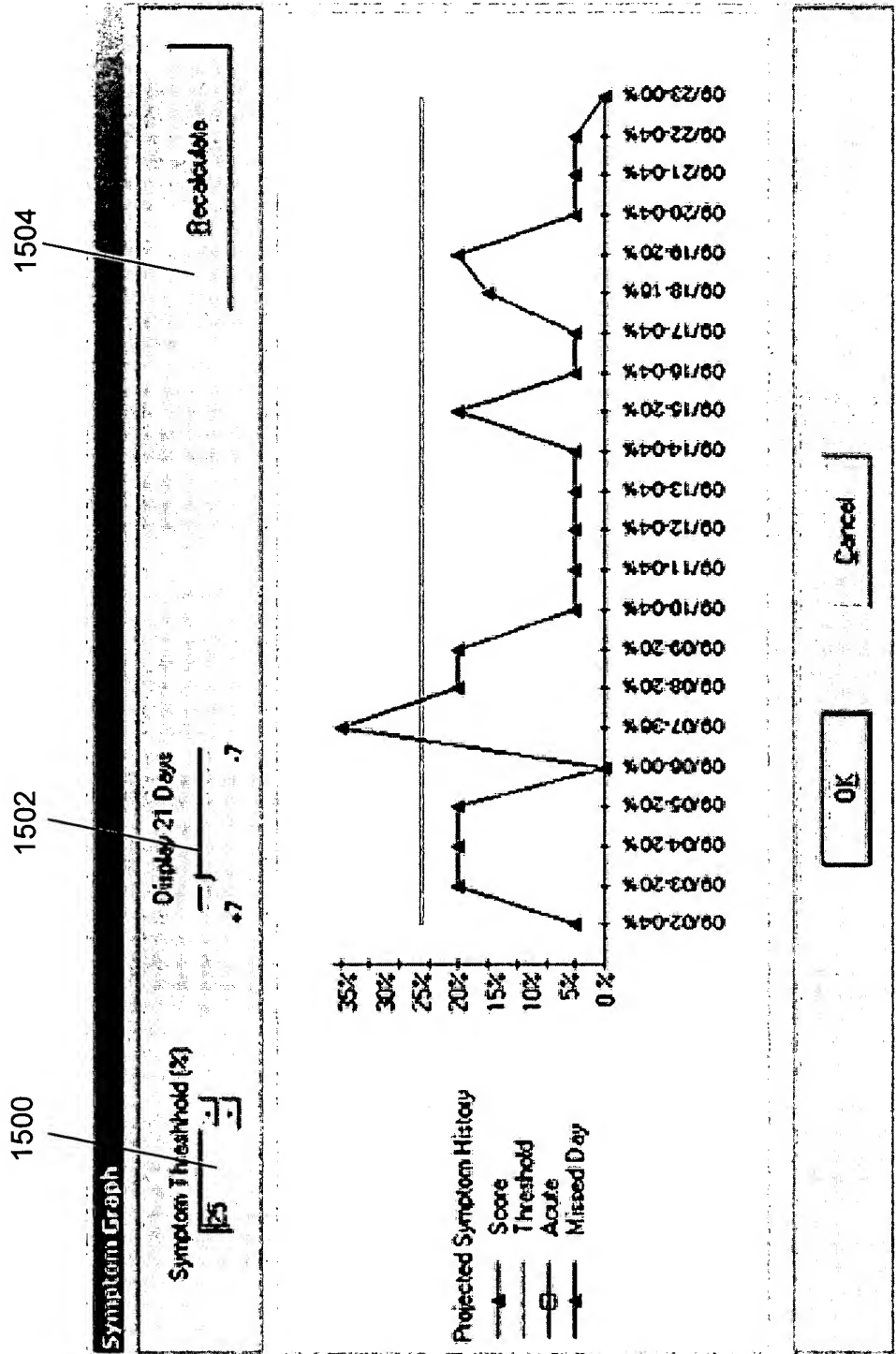


FIG. 15

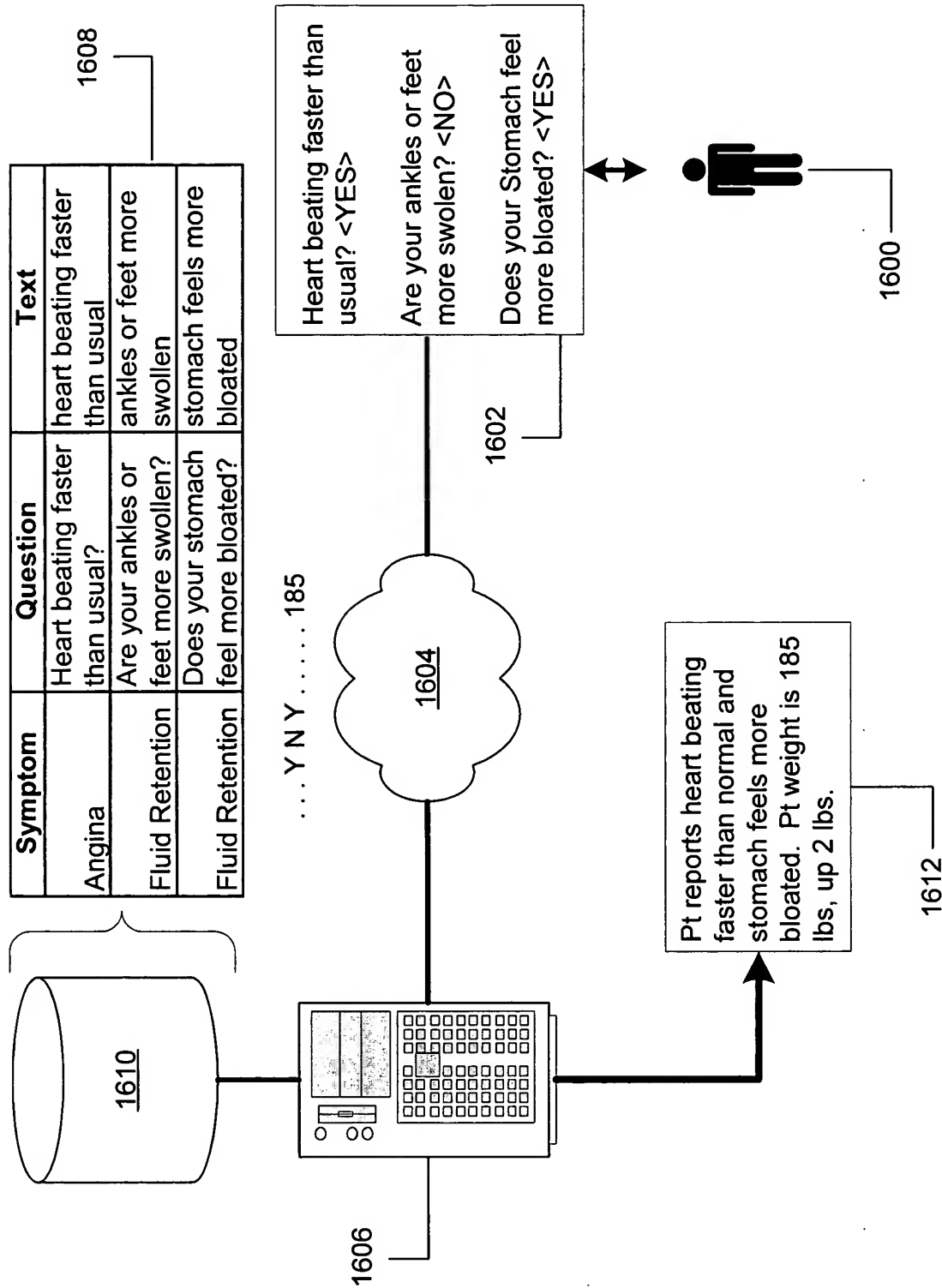


FIG. 16

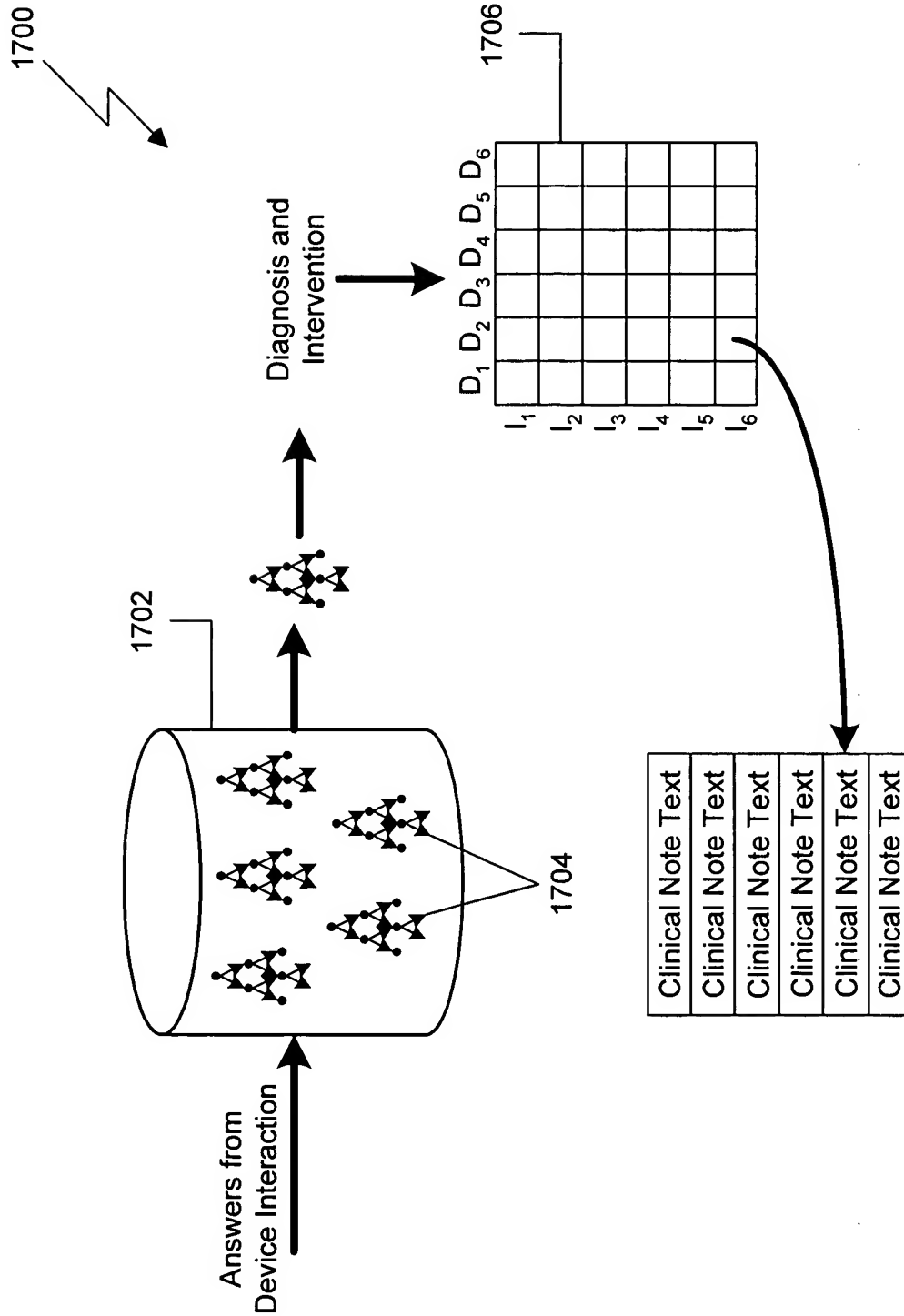


FIG. 17